SBA SOP 90 22 5

Investigations Program

Investigations Division
Office of Inspector General



SMALL BUSINESS ADMINISTRATION STANDARD OPERATING PROCEDURE

National

SUBJECT:	S.O.P.		F
Investigations Program	SECTION	NO.	
	90	22	

INTRODUCTION

- 1. <u>Purpose</u>. To provide guidelines and procedures regarding the Investigations Division.
- 2. <u>Personnel Concerned</u>. All SBA employees.
- 3. Directives Canceled. SOP 90 22 4.
- 4. Originator. Investigations Division, Office of Inspector General.

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Federal Recycling Program



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Background Information for SBA Employees

1. What are the Key Functions of the Investigations Division Within the Office of Inspector General (OIG)?

- a. Conducting investigations of possible criminal and serious administrative violations involving SBA programs, program participants, and SBA personnel.
- b. Preventing fraud through employee awareness training.
- c. Identifying program weaknesses and recommending corrective action.
- d. Operating name check and personnel security programs.

2. What is the OIG's Legal Authority for Conducting Investigations?

- a. The Inspector General Act of 1978, as amended, created the Office of Inspector General in SBA. Congress passed the Act as a response to a growing need for agencies to have specially trained units to combat fraud, waste, and abuse.
- b. Unless otherwise specified in a statute, the OIG is responsible for conducting, supervising, coordinating, and/or providing policy direction for all investigative activities within SBA. Legal authority to conduct investigations is conferred on the OIG in three statutes:
 - (1) Inspector General Act of 1978, as amended, Public Law 95-452, 5 U.S.C. App. 3.;
 - (2) Small Business Act, Sec. 5(b)(6) and (11), 15 U.S.C. Sec. 634(b)(6) and (11).; and
 - (3) Small Business Investment Act of 1958, Sec. 310(a), 15 U.S.C. Sec. 687b(a).

3. How is the Investigations Division Organized?

a. The Assistant Inspector General for Investigations (AIGI) manages and directs the Division's activities and works in Headquarters in Washington, DC. Also in Headquarters are the Deputy Assistant Inspector General for Investigations (DAIGI) and the Director, Headquarters Operations (DHO). The DAIGI assists the AIGI and oversees the Management Information System and the Office of Security Operations.

- b. The DHO is responsible for investigations in the District of Columbia, Maryland, and Virginia and, as supervisor of the chief inspector positions, is in charge of most of the Division's Headquarters staff functions, including preparation of OIG Manual revisions, periodic Division reports, and special projects. Chief inspectors are senior level agents in Headquarters.
- c. Four special agents in charge (SAC), one each in New York, Atlanta, Chicago, and Los Angeles, supervise the special agents in the Investigations Division field offices. Each SAC is responsible for a specific geographic area.
- d. The Director, Office of Security Operations, works in Headquarters and is responsible for conducting criminal record checks on individuals seeking SBA loan assistance and program participation and for coordinating background investigations on SBA employees in certain employment categories. See chapters 5, 6, and 7 for more information.

4. What is the Purpose of an OIG Investigation?

- a. The OIG investigators develop facts to either substantiate or refute alleged violations of law. Federal, State, and local prosecutors use OIG investigations as the basis for criminal and civil proceedings; SBA officials often use them as the basis for administrative enforcement actions.
- b. The OIG conducts an investigation to answer the following questions.
 - (1) Has any wrongdoing actually occurred?
 - (2) What laws or regulations have possibly been violated?
 - (3) Who are the possible offenders?
 - (4) Has a weakness in SBA regulations or internal controls permitted the violation to occur or prevented its deterrence?

5. What Issues Does the OIG Investigate?

- a. The OIG investigates allegations of possible criminal violations and other wrongdoing involving SBA programs. The OIG normally initiates investigations in response to allegations or information from a variety of sources, including SBA employees, the public, other agencies, and Members of Congress.
- b. While the subject of an OIG investigation may be an SBA employee, approximately 90

- percent of the subjects are applicants or participants in Agency programs. This statistic speaks well of the integrity of SBA employees, and, in fact, many investigations of alleged employee misconduct exonerate the employee.
- c. An OIG investigation most commonly involves one or more of the following violations.
 - (1) **False Statements** (15 U.S.C. Sec. 645(a) and 18 U.S.C. Sec. 1001) Knowingly making or using a statement or document that is false, fictitious, or fraudulent.
 - (2) **False Claims** (18 U.S.C. Sec. 287) Knowingly presenting a false claim against the United States to any Federal agency.
 - (3) **Misappropriation of SBA Collateral** (15 U.S.C. Sec. 645(c)) With intent to defraud, knowingly concealing, disposing of, or converting to one's own use or that of another property mortgaged or pledged to the SBA.
 - (4) **Bank Fraud** (18 U.S.C. Sec. 1344) Knowingly executing or attempting to execute a scheme to defraud a financial institution.
 - (5) **Bribery** (18 U.S.C. Sec. 210) Giving or promising anything of value to a public official to influence an official act, or, as a public official, accepting or agreeing to accept anything of value to influence an official act.
 - (6) **Conspiracy** (18 U.S.C. Sec. 371) Conspiring with at least one other person to commit an offense against the United States Government.

6. What Does the Investigations Division Do to Educate SBA Employees and Program Participants in the Prevention and Detection of Fraud?

- a. Makes presentations and conducts discussions on what constitutes fraud, what indicators to be alert for, and what actions should be taken.
- b. Disseminates notices and other publications about fraud activity and OIG investigative operations.
- c. Notifies SBA management when an investigation reveals a serious systemic deficiency in SBA policies or procedures.

7. Where are OIG Investigations Division Offices Located and What Are Their Geographical Jurisdictions?

FIELD OFFICE	JURISDICTION
Washington, DC Field Office	District of Columbia, Maryland, and Virginia.
New York City Field Office Philadelphia Post of Duty Syracuse Post of Duty	Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, and West Virginia.
Atlanta Field Office Dallas Post of Duty Houston Post of Duty	Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas.
Chicago Field Office Denver Post of Duty Kansas City Post of Duty Seattle Post of Duty	Alaska, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, and Wyoming.
Los Angeles Field Office San Francisco Post of Duty	Arizona, California, Guam, Hawaii, and Nevada.

Process for Referring Matters to the Investigations Division

1. What Kinds of Matters Should I Refer?

You should refer any misconduct that you consider criminal or a violation of the Standards of Conduct. See paragraph 1-5 for examples of violations which the Investigations Division investigates.

2. How Do I Make a Referral?

In any of three ways.

- a. Call the OIG Fraudline at 1-800-767-0385.
- b. Write to:
 - U.S. Small Business Administration

Assistant Inspector General for Investigations 409 3rd Street, SW. Washington, DC 20416-4113

<u>c.</u> Visit, write, or call the Investigations Division, Office of Inspector General, at any of the following offices.

Washington, DC

409 3rd Street, SW. 5th Floor Washington, DC 20416-4113 (202) 205-6226

Atlanta, Georgia

1720 Peachtree Street, NW. Suite 900 Atlanta, GA 30309-2479 (404) 347-2326

Los Angeles, California

P.O. Box 670 Glendale, CA 91209-0670 (818) 552-3239 New York, New York
Jacob K. Javits Federal Building
26 Federal Plaza, Room 41-100
New York, NY 10278
(212) 264-7615

<u>Chicago, Illinois</u> 500 West Madison Street Suite 3370 Chicago, IL 60661 (312) 353-4467

<u>Dallas, Texas</u> 4300 Amon Carter Blvd. Suite 116 Ft. Worth, TX 76155 (817) 334-5939

Houston, Texas 9301 Southwest Freeway Suite 365 Houston, TX 77074-1591 (713) 773-6509

Denver, Colorado 633 17th St., 7th Floor Denver, CO 80202 (303) 391-6992

Kansas City, Missouri 323 West 8th St.- Room 305 Kansas City, MO 64105 (816) 374-6590

Philadelphia, Pennsylvania Curtis Center, Rm 860B-West 625 Walnut Street Philadelphia, PA 19106 (215) 597-3850

San Francisco, California 455 Market St., 6th Floor San Francisco, CA 94105-2445 (415) 744-6815 <u>Seattle, Washington</u> 1200 Sixth Ave., Suite 1807 Seattle, WA 98101-1128 (206) 553-6674

Syracuse, New York 401 S. Salina Street Fifth Floor Syracuse, NY 13202 (315) 471-9382

3. What Information Do I Need to Provide?

- a. In your referral, specify, if possible:
 - (1) What occurred;
 - (2) Why it is or appears to be illegal or improper;
 - (3) When and where the activity took or will take place;
 - (4) Who is involved (names, occupations, addresses, etc.);
 - (5) The dollar amount involved, if applicable (e.g., amount of loan or value of converted collateral);
 - (6) Who can confirm the allegation; and
 - (7) Who can provide more information.
- b. You should also provide copies of any documents which tend to support your statements.

4. May I Request Confidentiality?

You may request confidentiality; if granted, the Investigations Division will not reveal your identity to the extent possible to comply with the Inspector General Act and the Privacy Act. If the Investigations Division must reveal your identity, you will be notified in advance.

5. When Making Referrals, Do I Have to Go Through the Chain of Command?

You do not. You can if you want to, but it is not required.

6. How Does the OIG Evaluate My Referral?

The Investigations Division considers the following factors when deciding whether to open an investigation:

- a. The nature of the alleged violation;
- b. The potential subject (age, health, criminal history, motive, etc.);
- c. The amount of actual or potential loss to the Government;
- d. Any prior record of the subject in OIG case files;
- e. The elements of proof available;
- f. The credibility of witnesses;
- g. The criteria for prosecution by the U.S. Attorney's office or local prosecutor; and
- h. The Division's existing priorities, commitments, and resources.

7. What Happens if the OIG Decides Not to Investigate?

- a. The OIG Investigations Division will maintain the information you provide for possible future use. The Investigations Division maintains an automated cross reference system, so that information can easily be retrieved at a later date.
- b. In many instances where the Investigations Division decides that it will not investigate a matter, the Division will forward the referral to another SBA function (e.g., Finance, Minority Enterprise Development, or OIG Auditing Division) or another Federal agency (e.g., FBI or Secret Service).

What Happens During an Investigation?

1. What is the Investigative Process?

- a. An investigation is the gathering and analyzing of probative information to resolve an allegation or complaint. There is no single plan or formula for conducting investigations; each investigation is unique. Special agents may:
 - (1) Interview witnesses and subjects;
 - (2) Obtain affidavits;
 - (3) Review documentary evidence;
 - (4) Gather forensic evidence for expert examination;
 - (5) Serve subpoenas;
 - (6) Execute search and arrest warrants; and
 - (7) Testify before judicial or administrative proceedings.
- b. Special agents conduct investigations in accordance with the policies and procedures set forth in the Federal Rules of Criminal Procedure, the Quality Standards for Investigations established by the President's Council on Integrity and Efficiency, and guidelines set forth in the OIG Manual.
- c. Special agents also conform to the requirements of the Privacy Act (5 U.S.C. Sec. 552a) in that they may gather and disclose information only for official, lawful purposes.

2. What Information Must I Provide During an Investigation?

As an employee, you must cooperate with the investigating agent and provide to the best of your ability any information or documents requested. A non-employee is not bound by the same requirement; however, the OIG has authority to issue a subpoena to obtain information or documents.

3. What are My Rights As an Employee if I Am the Subject of an Investigation?

If you are the subject of a criminal investigation, a special agent may advise you of your Fifth Amendment right to refuse to respond to questions, a right you possess as the subject of a criminal investigation even if you are not so advised. In all civil and administrative investigations and criminal investigations where you are not the subject, you must respond to an agent's questions and provide a written statement if requested to do so.

4. Does the Investigations Division Work With Other Law Enforcement Offices?

Yes, quite often. The OIG special agents may work jointly with one or more agencies on an investigation. The Investigations Division also refers information to another law enforcement agency when a possible violation would fall under that agency's jurisdiction.

After an Investigation is Complete

1. What Happens When the OIG Completes an Investigation?

When an investigator completes all the investigative steps, he/she generally prepares a written report summarizing the facts developed during the investigation. An OIG investigative report does not contain any recommendations; it merely recounts the evidence in an objective way.

2. How Does the OIG Use an Investigation Report?

The OIG investigation reports can provide the basis for criminal, civil, or administrative enforcement action. An investigation report does not always lead to a criminal prosecution.

3. Who Gets the Results of an OIG Investigation?

a. Criminal action.

When an investigation develops evidence of a criminal violation, the OIG refers the investigative results to the Department of Justice (DOJ) or to State prosecutors for their review and use in criminal prosecution. If a prosecution leads to a conviction, the court can sentence an individual or company to imprisonment or probation, levy fines, or require restitution.

b. Civil action.

The OIG may refer investigative results to the DOJ for review and use them in civil actions to recover funds for the Government. The DOJ can file a civil action at any time:

- (1) After it rules out a criminal action;
- (2) While it prosecutes a criminal action; or
- (3) After it completes a criminal action.

c. Administrative action.

The OIG may give a report of investigation to SBA officials for their use in evaluating existing procedures or determining whether to take administrative action against an employee or program participant. Administrative action against an SBA employee can include a letter of clearance, reprimand, suspension, demotion, or dismissal. Administrative action against a program participant can include suspension or debarment from the program.

4. What are My Responsibilities if the OIG Sends Me a Report of Investigation for Action?

- a. If you receive an OIG investigation report for action, you must:
 - (1) Consider appropriate enforcement action based on the evidence in the report; and
 - (2) Safeguard the report and any information contained in the report, except to the extent necessary to carry out an enforcement or disciplinary action.
- b. You may not release a report, or any information in the report, to any other person without the OIG's consent.

5. How Can I Get a Copy of a Report of Investigation?

If you would like to obtain a copy of a report of investigation, you must send a written Freedom of Information Act (FOIA) or Privacy Act (PA) request to the OIG. In responding to FOIA or PA requests, the OIG will determine whether to apply any exceptions to protect sensitive information (e.g., information on open and pending cases, information of a competitive business nature, or information that, if released, would violate an individual's privacy).

The Office of Security Operations

1. What is the Function of the Office of Security Operations (OSO) in the OIG?

The OSO has two main functions.

ın	le OSO has two main functions.
a.	One is to ensure that every SBA employee has had the appropriate background investigation for his or her position sensitivity designation, as follows:
	(1) Low Risk (LR);
	(2) Moderate Risk (MR);
	(3) High Risk (HR);
	(4) Non-critical Sensitive (NCS); or
	(5) Critical Sensitive (CS).
b.	The other function is to conduct FBI name checks and FBI fingerprint checks on applicants and participants in the following SBA programs:
	(1) Surety Bond;
	(2) 8(a) Certification;
	(3) Business Loan;

- (4) Disaster Loan;
- (5) Small Business Investment Company (SBIC); and
- (6) Certified Development Company (CDC).

2. How is the OSO Organized?

The OSO is part of the Investigations Division and operates from the OIG Headquarters in Washington, DC. The Director, OSO, oversees its work.

3. What is the Source of the OSO's Authority?

The OSO's authority comes from:

- a. Executive Order 10450 (Security Requirements for Government Employment);
- b. Executive Order 10577 (Amending the Civil Service Rules and Authorizing a New Appointment System for the Competitive Service);
- c. Executive Order 12958 (Classified National Security Information); and
- d. Title 5, Code of Federal Regulations, Part 736.

Background Investigations and Security Clearances

1. What is the Purpose of a Background Investigation?

Background investigations are conducted to ensure that Federal employees are reliable, trustworthy, of good conduct and character, and completely and unswervingly loyal to the United States.

2. Does the OSO Actually Perform Background Investigations?

No. Background investigations are conducted by either the Office of Personnel Management (OPM) or a private company that has a contract with the OSO. The OSO is responsible for requesting the proper background investigation for each employee and for granting the appropriate security clearance when required. The OSO also reviews completed background investigations to ensure the investigations are complete and thorough.

3. Who Determines What Type of Background Investigation is Conducted?

The Director, Office of Security Operations.

4. Who Determines When a Background Investigation is Conducted?

The Director, Office of Security Operations.

5. What are the Different Types of Security Forms Used to Request Background Investigations and Their Corresponding Position Sensitivity Designation?

- a. SF 85, Questionnaire For Non-sensitive Positions Low Risk (LR).
- b. SF 85P, Questionnaire For Public Trust Positions Moderate Risk (MR) and High Risk (HR).
- c. SF 86, Questionnaire for National Security Positions Non-critical Sensitive (NCS) and Critical Sensitive (CS).

6. What Types of Background Investigations are Requested by the OSO?

- a. A Single Scope Background Investigation (SSBI) is requested for all critical sensitive positions requiring top secret access to classified information. The SSBI consists of a national agency check (NAC), birth verification, credit search, personal interviews of subject and sources, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background covering the past 7-10 years.
- b. A National Agency Check (NAC) is an FBI name check and fingerprint check and a query of records at OPM and the Defense Central Intelligence Index (DCII). OPM and DCII records reveal any prior Federal background investigation conducted during the past 15 years.
- c. A Background Investigation (BI) is requested for all high risk positions and critical sensitive positions requiring secret access to classified information. The BI consists of an NAC, credit search, personal interviews of subject and sources, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background over the past 5 years.
- d. A Limited Background Investigation (LBI) is requested for all moderate risk positions and non-critical sensitive positions requiring secret or confidential clearance for employees needing access to classified information. The LBI consists of an NAC, credit search, personal interviews of subject and sources, and written inquiries of selected sources covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background covering the past 3 years.
- e. A National Agency Check and Inquiries Investigation (NACI) is requested on all low risk positions. The NACI consists of an NAC, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background during the most recent 5 years.
- f. A Single Scope Background Reinvestigation (SSBI-PR) is conducted on all critical sensitive positions with top secret access. The SSBI-PR consists of an NAC, credit search, personal interview of subject, interview of personal sources and/or written inquiries to cover employment, education, residence, and law enforcement checks for the past 5 years.
- g. A Periodic Reinvestigation Residence (PRIR) can be requested on all high risk and moderate risk positions and non-critical sensitive and critical sensitive positions with secret or confidential access. The PRIR consists of an NAC, credit search,

personal interview of subject, Official Personnel File (OPF) review, interview of personal sources and/or written inquiries to cover residence, and law enforcement checks for the past 5 years.

h. **Periodic Reinvestigation (PRI)** can be requested on all high risk and moderate risk positions and non-critical sensitive and critical sensitive positions with secret or confidential access. The PRI consists of an NAC, credit search, personal interview of subject, OPF Review, and law enforcement checks for the past 5 years.

7. When are Periodic Reinvestigations (PRI) Required?

- a. Periodic reinvestigations are required every 5 years for any position designated as either high risk or critical sensitive with top secret access.
- b. Periodic reinvestigations are required every 10 years for any position designated noncritical sensitive with secret access.
- c. Periodic reinvestigations are required every 15 years for any position designated non-critical sensitive with confidential access.

8. Can an Investigation Be Waived?

In emergency cases only, the SBA Administrator or the Inspector General (IG) can waive the requirement for completion of a BI or SSBI before you enter on duty. In those rare cases where a waiver is necessary, supervisors requesting the waiver must submit your completed security papers and request for waiver of required investigation through their appropriate Management Board member to their servicing personnel office. If the paperwork is complete, the servicing personnel office will send the request to the Director, OSO, who will forward the waiver request to the Administrator or IG recommending approval or disapproval.

9. What Happens if I Refuse to Cooperate in an Investigation?

Refusal to cooperate in a properly authorized investigation is a direct violation of SOP 37 35 2, Employees Responsibility and Conduct, and can result in disciplinary action up to removal.

10. What Types of Security Clearances are Issued by the OSO?

Top secret, secret, and confidential.

11. Which Office Determines What Level of Security Clearance is Needed?

The Classification Division of the Office of Human Resources and the OSO.

The OSO Character Eligibility Checks for Program Applicants and Borrowers

1. In What SBA Programs is the OSO Involved?

The OSO is involved in SBA's Surety Bond, 8(a) Certification, Business Loan, Disaster Loan, SBIC, and CDC programs. The OSO conducts FBI name checks and/or FBI fingerprint checks on program applicants and borrowers to determine whether they meet the required character standards.

2. What are FBI Name Checks and FBI Fingerprint Checks?

- a. In an FBI name check, the FBI checks its files to determine whether an individual has ever been the subject of an FBI criminal investigation or background investigation. The FBI uses an individual's name, social security number, date of birth, and place of birth in conducting the check.
- b. In an FBI fingerprint check, the FBI must have a fingerprint card containing an individual's fingerprints. The FBI then processes the prints through its computerized fingerprint classification system for a match which would identify any State or Federal criminal record.

3. What is the Process for Checking an Applicant's or Borrower's Criminal History Through an FBI Name Check or Fingerprint Check?

- a. For an FBI name check, the OSO sends an individual's Statement of Personal History which, depending on the program, is an SBA Form 912, SBA Form 415A (SBICs only), or SBA Form 1081 (CDCs only), to the FBI for appropriate record checks. The FBI then provides the OSO with the results of its record checks.
- b. For an FBI fingerprint check, the OSO obtains a fingerprint card, FD 258, from an individual and sends it to the FBI for processing in the FBI's computerized fingerprint classification system. The FBI then provides the OSO with the results of its fingerprint check.

4. What Happens to the Results of FBI Name or Fingerprint Checks?

a. Upon receipt of a "no record" or a record which would not adversely affect an applicant's or borrower's eligibility, the OSO sends a clearance letter to the SBA office which initially submitted the information to the OSO.

- b. Upon receipt of information which could adversely affect eligibility, the OSO sends the information to the appropriate program official who rules upon the applicant's or borrower's eligibility and so advises the submitting office.
- 5. Who Decides Whether an Applicant or Borrower Should Be Denied Admittance to a Program Based on His/Her Criminal Record?

The associate or assistant administrator of the appropriate program makes the decision and notifies the applicant. The deciding official also sends a copy of the decision letter to the OSO.

Classified Information and the OSO

1. What is the OSO's Function With Regard to Classified Information in the SBA?

- a. The Director, OSO, carries out the directives of Executive Order (EO) 12958 (Classified National Security Information), EO 12968 (Access to Classified Information), and National Security Decision Directive 84 (Safeguarding National Security Information) by ensuring that SBA employees are aware of their responsibilities regarding classified information. The Director also issues security clearances for designated personnel after appropriate background checks, ensures that all personnel having access to such material sign nondisclosure statements, and conducts debriefings of such personnel when they leave their employment at SBA. The Director may also deny or revoke an employee's clearance or reduce an employee's level of clearance due to unsuitability or a security violation.
- b. All classified information (including cryptographic information) going to or from the SBA Headquarters in Washington, DC, must be routed through the Director, OSO.
- c. Whenever classified material is being stored in safekeeping equipment within the SBA, the Director must be notified of such storage, the location of the safekeeping equipment, and its combination.

2. What is Classified Information?

Classified information is information or material that is owned by, produced for and by, or under the control of the United States Government and designated as top secret, secret, or confidential pursuant to EO 12958. Designated material is marked with one of the three designations. No SBA official has the authority to classify either derivative or original information. If, however, any SBA employee, contractor, licensee, or grantee originates or becomes aware of information which he/she believes should be classified, that person should send the information by designated personnel, approved courier service, registered mail, or protective services of commercial carriers to the Director, OSO, who will, in turn, forward it to the appropriate agency with a request that it be reviewed for possible classification. The information must be enclosed in a sealed, opaque envelope marked with the assigned classification and the recipient's address. The envelope must then be put into another opaque envelope marked only with the recipient's address; the outer envelope must not identify the contents.

3. What Must SBA Employees Do to Protect Classified Information?

- a. Store classified material in a container approved in writing by the Director, OSO. For top secret material, the container must be a GSA-approved safe or safe-type file having a three position, dial-type combination lock. Secret or confidential material may be stored in a container approved for top secret storage and may also be kept in a steel file cabinet with a steel lockbar secured by a GSA-approved padlock with a three position, dial-type combination lock.
- Avoid routine reproduction of classified material. For material designated top secret or secret, employees should check with the Director, OSO, prior to making any copies.
- c. Keep classified material segregated from non-classified material and do not summarize classified information in other documents.
- d. Only disclose classified information to individuals who have the required security clearance and "need to know" the information.
- e. Do not discuss classified information over the telephone or in a public place.

4. What Happens if There is an Unauthorized Disclosure of Classified Information?

- a. You should report any unauthorized disclosure to the Director, OSO, as soon as possible. The initial report may be by telephone and should be confirmed by memorandum. You should state what information was disclosed, to whom, by whom, when, how, and any other pertinent information.
- b. The OIG Investigations Division may conduct an investigation into any alleged unauthorized disclosure. An SBA employee determined to have knowingly made an unauthorized disclosure may be subject to reprimand, suspension without pay, removal, or other sanctions in accordance with applicable laws and Agency rules and regulations.

Appendix 1

Index to Forms and Reports

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Appendix 2 (paragraph 6-5) SF 85, Questionnaire for Non-sensitive Positions

Standard Form 85 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731 and 736

Form approved: O.M.B. No. 3206-0005 NSN 7540-00-634-4035 85-111

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 5 and the release on page 6. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731 and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

- Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
- 4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
- You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
- 7. All telephone numbers must include area codes.
- 8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
- 9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
- 10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placements of placements of placements.

better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

- 1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hining or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, ficense, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
- 6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
- 7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- 9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
- To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
- 11. To the Office of Management and Budget when necessary to the review of private relief legislation.

	STATE CODES (ABBREVIATIONS)								
Alabama	AL	Hawaii	н	Massachusetts	MA	New Mexico	NM	South Dakota	ae
Alaska	AK	Idaho	ID	Michlgan	MI	New York	NY	Tennessee	TN
Arizona	ΑZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TΧ
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UΥ
California	CA	lowa	IA	Missouri	MO	Ohio	ОН	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MΤ	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	W
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samos	AS	District of Columbia	DC	Guam	GU	Northern Marianas	СМ	Puerto Rico	PR
Trust Territory	π	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731 and 736

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved: O.M.B. No. 3208-0005 NSN 7540-00-634-4035 85-111

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 	PAC-ALC Number		J Accounting Da Agency Case					į			
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Last N	Name		First Nam	e		Midd	le Name		Jr., II, e	etc. Month Da	y Year
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#2	Name			Month/	Year Month/Year To	#4 Name		_		r	th/Year To
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8

WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
1 To Present				1 1	
larne of Person Who Knows You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
lame of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code

9

WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 5 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code"
- block: 1 High School

2 - College/University/Military

3 - Vocational/Technical/Trade School

College

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year (Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
	City (Country) of Si	chool			State	ZIP Code
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
	To City (Country) of S	chool			State	ZIP Code
Month/Year #3		Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
Street Address and	To City (Country) of S	chool			State	ZIP Code
Enter your S	ocial Security	Num	ber before going to the next pag	ge -		

Page 2

10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, selt-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- Code. Use one of the codes listed below to identify the type of employment:
- Active military duty stations
 National Guard/Reserve
 N.S.P.H.S. Commissioned
- Corps
 4 Other Federal employment
- 5 State Government (Non-Federal
- employ- ment)
 6 Self-employment (include business name and/or name of person who can verify)
- 9 Other
- Unemployment (Include name of person who can
 verify)
 Federal Contractor (List Contractor, not Federal agency)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering
 the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional
 lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment

below that information						
Month/Year Month/Year Code Employer/Verifer Name/Mil	itary Duty Location	Your Position Title/Military Rank				
Employer's/Verifier's Street Address	City (Country)	Sta	te ZIP Code	Telephone Number		
Street Address of Job Location (if different than Employer's Address	City (Country)	Sta	te ZIP Code	Telephone Number		
Supervisor's Name & Street Address (if different than Job Location	City (Country)	Sta	te ZIP Code	Telephone Number		
Month/Year Month/Year Position Title		Supervisor				
Month/Year Month/Year Position Title		Supervisor				
To To Position Title To T		Supervisor				
Month/Year Month/Year Code Employer/Verifier Name/Mi	litary Duty Location	You	Your Position Title/Military Rank			
Employer's/Verifier's Street Address	City (Country)	Sta	te ZIP Code	Telephone Number		
Street Address of Job Location (if different than Employer's Address	ss) City (Country)	Sta	te ZIP Code	Telephone Number		
Supervisor's Name & Street Address (if different than Job Location	City (Country)	Sta	te ZIP Code	Telephone Number		
Month/Year Month/Year Position Title		Supervisor				
To Position Title		Supervisor				
Month/Year Month/Year Position Title		Supervisor		<u> </u>		
Month/Year Month/Year Code Employer/Verifier Name/Mi	ilitary Duty Location	You	Your Position Title/Military Rank			
Employer's/Verifier's Street Address	City (Country)	Ste	te ZIP Code	Telephone Number		
Street Address of Job Location (if different than Employer's Address	ss) City (Country)	Sta	te ZIP Code	Telephone Number		
Supervisor's Name & Street Address (if different than Job Location	City (Country)	Sta	te ZIP Code	Telephone Number		
Month/Year Month/Year Position Title		Supervisor				
Month/Year Month/Year Position Title		Supervisor				
To Month/Year Month/Year Position Title		Supervisor				
Enter your Social Security Number before going	to the next page		→			

Page 3

YOUR EMPLOYMENT A	CTIVI	TIES (CONTINUED)							
	Code	Employer/Verifier Name/M	lilitary Duty	Location		Your Pos	ition Title/Milita	ry Rank	
#4 To Employer's/Verifier's Street Add	iress			City (Country)		State	ZIP Code	Telephor	ne Number
Street Address of Job Location	(if diffe	rent than Employer's Addre	ess) C	City (Country)		State	ZIP Code	Telephor	ne Number
Supervisor's Name & Street Ad	ldress (if different than Job Locatio	on)	City (Country)		State	ZIP Code	Telepho	ne Number
Month/Year Month/Y	ear P	osition Title	i_		Supervisor	<u> </u>		<u> </u>	
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Month/Year Month/Y	'ear P	osition Title			Supervisor				
Month/Year Month/Year #5 To	Code	Employer/Verifier Name/M	filitary Duty	Location		Your Pos	ition Title/Milita	ny Rank	
Employer's/Verifier's Street Add	iress	<u></u>	C	ity (Country)		State	ZIP Code	Telephoi	ne Number
Street Address of Job Location	(if diffe	erent than Employer's Addre	ess) (City (Country)		State	ZIP Code	Telepho	ne Number
Supervisor's Name & Street Ad	dress (if different than Job Locatio	n) (City (Country)		State	ZIP Code	Telepho	ne Number
Month/Year Month/Y	′еаг Р	osition Title			Supervisor	 -1		<u> </u>	
Month/Year Month/Y	'ear P	osition Title			Supervisor				
Month/Year	'ear P	osition Title			Supervisor				
Month/Year Month/Year	Code	Employer/Verifier Name/N	ilitary Duty	Location		Your Pos	sition Title/Milita	ary Rank	
#6 To Employer's/Verifier's Street Add	iress	l		ity (Country)		State	ZIP Code	Telepho	ne Number
Street Address of Job Location	(if diffe	erent than Employer's Addre	958) (City (Country)		State	ZIP Code	Telepho	ne Number
Supervisor's Name & Street Ad	dress (if different than Job Locatio	on)	City (Country)		State	ZIP Code	Telepho	ne Number
Month/Year Month/Y	rear P	osition Title			Supervisor	· · ·			
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Month/Year Month/Y	'ear P	Position Title			Supervisor				
PEOPLE WHO KN	know you with you	ou well and live in the United to covers as well as possible	d States. To the last 5 y	hey should be g ears. Do not lis	t your spouse,	former spo	gues, college rouses, or other i	oommates, relatives, a	etc., whose nd try not to
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Home or Work Address					To ity (Country)) Night	State	ZIP Code
#2 Name				Month/	Dates Known Year Month To	vyear (ephone Number) Day) Night	<u> </u>	<u>. </u>
Home or Work Address				c	ity (Country)			State	ZIP Code
Name #3				Month/	То		ephone Number) Day) Night		
Home or Work Address				C	ity (Country)	1 <u></u>		State	ZIP Code
	ırity N	lumber before going	j to the n	Month/	Dates Known Year Month To				·

A	-	TIVE SERVI								Yes	_No
~	Are you a male borr	after December :	31, 1959? If "N	o," go to 13	3. lf "Yes, " ე	go to b.					
0	Have you registered legal exemption bel		e Service Syste	em? If "Ye	s", provide	your registra	ation number	. If "No," show th	e reason for your		
Registr	ation Number	Legal Exem	ption Explanation	1						<u></u>	
3	YOUR MILITA		military?							Yes	No
•	Have you served in			ine?						}	
Ø	List all of your milita period of service (#	ry service below,	including servi	ce in Reser					t with the most rec	ent	
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	O/E. Mark "O" bloc	k for Officer or "E'	" block for Enlis	sted.							
	Status. "X" the appuse an "X": use the					time that yo	u served. If	your service was	in the National Gu	ard, do r	ot
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Standard Form 85 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731 and 736 Form approved: O.M.B. No. 3208-0005 NSN 7540-00-634-4035

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code)

Page 6

Appendix 3 (paragraph 6-5) SF 85P, Questionnaire for Public Trust Positions

Standard Form 85P Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0191 NSN 7540-01-317-7372 85-1602

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 7 and the release on page 8. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, section 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation

of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

- Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
- 2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format
- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
- 4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
- You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
- 7. All telephone numbers must include area codes.
- 8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
- 9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
- 10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

- 1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
- 3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
- 4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

- 5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
- To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
- 7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
- 8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
- To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
- To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
- 11. To the Office of Management and Budget when necessary to the review of private relief legislation.

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Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	w
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	wi
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	sc	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	СМ	Puerto Rico	PR
Trust Territory	П	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85P Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: O.M.B. No. 3208-0191 NSN 7540-01-317-7372 85-1602

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WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is

"General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet. Month/Year Month/Year Street Address City (Country) Apt. # ZIP Code #1 To Present Name of Person Who Knows You Apt.# City (Country) Street Address State ZIP Code Telephone Number Month/Year Month/Year Street Address Apt. # City (Country) ZIP Code State #2 То Name of Person Who Knew You Street Address Apt.# City (Country) ZIP Code Telephone Number Month/Year Month/Year Street Address City (Country) State ZIP Code #3 То Name of Person Who Knew You Street Address Apt.# City (Country) State ZIP Code Telephone Number Month/Year Month/Year Street Address City (Country) ZIP Code #4 То Name of Person Who Knew You Street Address Apt.# City (Country) State ZIP Code Month/Year Month/Year Street Address City (Country) ZIP Code Apt. # #5 Τo Name of Person Who Knew You Street Address Apt.# City (Country) State ZIP Code Telephone Number

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 1 High School
 2 C
 - 2 College/University/Military

3 - Vocational/Technical/Trade

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are

	intained.	- A-J-	Name of School			ree/Diploma/Oth		Month/Year Awarded
Month/Yea	r Month/Year	Code	Name of School		net	gree/Dipioma/Oth	er	Month/Year Awarded
	To				1			:
reet Address a	and City (Country)	of School					State	ZIP Code
ne of Person V	Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
Month/Yea	r Month/Year	Code	Name of School		Deg	gree/Diploma/Oth	er	Month/Year Awarder
reet Address a	To ind City (Country)	of School					State	ZIP Code
me of Person	Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number
Month/Yea	r Month/Year	Code	Name of School		Dec	gree/Diploma/Oth	er	Month/Year Awarde
	То							
eet Address a	and City (Country)	of School					State	ZIP Code
			Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- Cade. Use one of the codes listed below to identify the type of employment:
- Active military duty stations
 National Guard/Reserve
 U.S.P.H.S. Commissioned

- State Government (Non-Federal employ-ment)
 Self-employment (Include business and/or name of person who can verify)
- 7 Unemployment (include name of person who can
- 9 Other
- 8 verify)
 Federal Contractor (List Contractor, not Federal agency)
- Corps
 4 Other Federal employment • Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After
 entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location
 on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would
 enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for
 the two previous periods of employment on the lines below that information.

Month/Year Month/Year	Code	Employer/Verifer Name/Military D	uty Location		Your Pos	ition Title/Milita	ry Rank
#1 To Present	L	L					
Employer's/Verifier's Street Ad	iress		City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location	(if diffe	rent than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Ad	dress (i	if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Ye	ar P	osition Title		Supervisor	L l.		
S To							
Month/Year Month/Your Month/Your Month/Your Month/Year Month/Your	ar P	osition Title		Supervisor			
To To				,			
Month/Year Month/Y	ar P	osition Title		Supervisor			
To	- !						
Month/Year Month/Year	Cada	Employer/Verifier Name/Military D	July I Contin		Veus Bee	ition Title/Milita	ne Danie
#2 To	Code	Employed verifier Name/Willtary D	outy Eboation		Toul Pos	ICON TREAMINA	ту папк
Employer's/Verifier's Street Add	ress	<u> </u>	City (Country)		State	ZIP Code	Telephone Number
Employor at volumer of account	,,,,,,,		(000,111)			D544	- Giophona Hamas
Street Address of Job Location	(if diffe	rent than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Ad	dress (i	f different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Ye	ar P	osition Title		Supervisor			
Month/Year Month/Year	-						
Month/Year Month/Ye	ar P	osition Title		Supervisor			
To To	1			1			
Month/Year Month/Ye	ar P	osition Title		Supervisor			
To To	}		_				
Month/Year Month/Year	Code	Employer/Verifier Name/Military D	Outy Location		Your Pos	ition Title/Milita	ry Rank
#3 To			_				•
Employer's/Verifier's Street Add	ress		City (Country)		State	ZIP Code	Telephone Number
Street Address of Job Location	(if diffe	rent than Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's Name & Street Ac	ldress (if different than Job Location)	City (Country)		State	ZIP Code	Telephone Number
Month/Year Month/Ye	ar P	osition Title		Supervisor	<u> </u>		-L
SOO 70	(1			
Month/Year Month/Ye	ar P	osition Title		Supervisor			
6 C	_ '						
Month/Year Month/Ye	ar P	osition Title		Supervisor			
Month/Year Month/Year To	-	**************************************					
		translage bade	0 P014				
Enter your Social Secu	irity N	lumber before going to the	e next page			→	

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)						
Month/Year Month/Year Code Employer/Verifier Name/Military I	Duty Location	Y	our Posi	tion Title/Milita	ry Rank	
#4 To Employer's/Verifier's Street Address	City (Country)		State	ZIP Code	Telephon	e Number
Street Address of Job Location (if different than Employer's Address)	City (Country)		State	ZIP Code	Telephon	e Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)		State	ZIP Code	Telephon	e Number
Month/Year Month/Year Position Title		Supervisor				
To Month/Year Month/Year Position Title		Supervisor				
A X X		•				
Month/Year Month/Year Position Title		Supervisor				
Month/Year Month/Year Code Employer/Verifier Name/Military	Duty Location	Y	our Pos	ition Title/Milita	ry Rank	
#5 To Employer's/Verifier's Street Address	City (Country)		State	ZIP Code	Telephon	e Number
Street Address of Job Location (if different than Employer's Address)	City (Country)		State	ZIP Code	Telephor	e Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)		State	ZIP Code	Telephor	e Number
Month/Year Month/Year Position Title		Supervisor		m 18		
To Month/Year Month/Year Position Title		Supervisor				
To Month/Year Month/Year Position Title To		Supervisor	<u></u>			
то						
Month/Year Month/Year Code Employer/Verifier Name/Military #6 To	Duty Location	Y	our Pos	ition Title/Milita	ry Rank	
Employer's/Verifier's Street Address	City (Country)		State	ZIP Code	Telephor	e Number
Street Address of Job Location (if different than Employer's Address)	City (Country)		State	ZIP Code	Telephor	e Number
Supervisor's Name & Street Address (if different than Job Location)	City (Country)		State	ZIP Code	Telephor	e Number
Month/Year Month/Year Position Title	<u> </u>	Supervisor				
To Month/Year Month/Year Position Title		Supervisor				
To Month/Year Month/Year Position Title		Supervisor				
To To					·	,
YOUR EMPLOYMENT RECORD Has any of the following happened to you in the last 7 years? backward, providing date fired, quit, or left, and other information	If "Yes," begin with thon requested.	ne most recent occ	currence	and go	Y	es No
Use the following codes and explain the reason your employment	ent was ended:	 		····		
1 - Fired from a job 3 - Left a job by mutual agre			uct	5 - Left a job	for other rea	sons
2 - Quit a job after being told 4 - Left a job by mutual agre you'd be fired unsatisfactory performan		gations of		under unfa circumsta		
Month/Year : Code Specify Reason Employer's Name at	nd Address (Include	city/Country if out	side		State	ZIP Code
	U.S.)					
Enter your Social Security Number before going to the	he next page			→		
Page 4						

list anyone who is listed elsewhere Name				Mo	Dates Known onth/Year Month	Year () Day	er	
ome or Work Address					To City (Country)	() Night	State	ZIP Code
								211 0000
Name				Mo	Dates Known onth/Year Month To	/Year () Day () Night	er	
ome or Work Address					City (Country)		State	ZIP Code
Name			···	Mo	Dates Known onth/Year Month To	: ())	per	
ome or Work Address				l	City (Country)	() Night	State	ZIP Code
YOUR MARITAL STATUS whark one of the following boxes to show status: 1 - Never married (go to question 2 - Married)	your curi	3 - Se 4 - Le	eparated gally Separ	ated		5 - Divorce		
irrent Spouse Complete the following a ill Name		r current spouse. of Birth (Mo./Day/Yr.) P	lace of Bi	rth (include country if o	outside the U.S.)	Social Security N	lumber
ther Names Used (Specify maiden name, nam	oc by other	5 marriagos etc. ano	Lehow dates	used for a	ach name			
ther Names Used (Specify maiden name, name								
ountry of Citizenship	Date	Married (Mo./Day/Yr	·.) F	lace Marr	ied (Include country if	outside the U.S.)		Stati
Separated, Date of Separation (Mo./Day/Yr.)	If Le	gally Separated, Whe	ere is the Rec	ord Locate	ed? City (Country)			State
5 YOUR RELATIVES Give the full name, correct code, a below.	untry if outs	requested informa	ation for eac		r relatives, living or	dead, specified 7 - Stepc	State	ZIP Code
TOUR RELATIVES Give the full name, correct code, a below. 1 - Mother (first) 2 - Father (second)	and other Stepmoti	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also)	7 - Stepo	hild	ZIP Code
S YOUR RELATIVES Give the full name, correct code, a below. 1 - Mother (first) 3 -	and other Stepmoti	requested information	ation for eac	h of you - Foster - Child (r relatives, living or Parent		hild	:
TOUR RELATIVES Give the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (If deceased, check box on the	and other Stepmoti	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
Sive the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (if deceased, check box on the	and other Stepmott Stepfathe	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
Sive the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (if deceased, check box on the	and other Stepmott Stepfathe Code	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
TOUR RELATIVES Give the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (If deceased, check box on the	and other Stepmott Stepfathe Code	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
TOUR RELATIVES Give the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (If deceased, check box on the	and other Stepmott Stepfathe Code	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
TOUR RELATIVES Give the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (If deceased, check box on the	and other Stepmott Stepfathe Code	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
TOUR RELATIVES Give the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (If deceased, check box on the	and other Stepmott Stepfathe Code	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
TOUR RELATIVES Give the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (If deceased, check box on the	and other Stepmott Stepfathe Code	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
Sive the full name, correct code, a below. 1 - Mother (first) 2 - Father (second) 4 - Full Name (if deceased, check box on the	and other Stepmott Stepfathe	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code
below. 1 - Mother (first) 3 - 2 - Father (second) 4 - Full Name (If deceased, check box on the	and other Stepmott Stepfathe	requested information	ation for eac 5 6	h of you - Foster - Child (r relatives, living or Parent adopted also) Country(les) of	7 - Stepo	hild	ZIP Code

16											
	YOUR MILI			_						Yes	No
a										-	
_	Have you serve										
List serv		y service below	, including servi	ce in Reser	ve, National	Suard, and t	J.S. Merchan	t Marine. Start v	with the most recent pe	eriod of	
3011		ne of the codes	listed below to i	dentify you	r branch of						
	service: Force	2 - Army	3 - Navy	4 - Marine	Corps	б - Coast G	uard 6	- Merchant Mar	ine 7 - Nationa	i Guard	1
			er or "E" block f			. 60- 0 10			in the Mediane C		
			code for the star			me (ime ina	it you served	. II your service	was in the National G	uaru, ui	וטוו
			with other than	the U.S. Ar	med Forces,	identify the		hich you			
Month/Ye	ear SCMSnth/Year	Code Serv	ice/Certificate #	OFE	Active	Active	Status Inactive	National Guard	Country		
	То					Reserve	Reserve	(State)			
	10							<u> </u>	ļ		
_	То				<u> </u>			<u> </u>			
Ø	YOUR SELE	CTIVE SER	VICE RECO	RD						Yes	No
	a Are you a n	nale born after I	December 31, 1	959? If "No	o," go to 18.	lf "Yes," go	to b .				
								number. If "No,"	show the	-	\vdash
	reason for y	our legal exem	ption below.	•	ŕ	•	-			{	ĺ
Ranjetrati	ion Number	Ler	al Exemption Exp	anation							-
อลิเลก ด ก	AND TARREST	:	, ,rao <u>-</u>								
_	YOUR INVE	CTICATION	B DECORD							Yes	No
(B)				ov hatenita	ur backgroun	d and/or ora	nted you the	security clearand	ce? If "Yes," use		140
(the									İ	1
	codes that for	llow to provide t	he requested int enter "Other" o	formation be gency code	elow. If "Yes or clearance	so voy tud ". da sa aboo	an't recall the propriate an	investigating ag	ency and/or the or " Don't recall"	- }	ļ
	under the "O	ther Agency" h	eading, below.	If your resp	onse is "No,	or you don'	t know or ca	n't recall if you w	ere investigated	1	
C	and cleared, codes for Investigation	check the "No" ng Agency	box			curity Clearan					
1	- Defense Department	ent	4 - F8) 5 - Treseury D	enartment	0 - Not Requ		3 - Top Secre 4 - Sensitive (t Compartmented info	8-1. ormation 7-Other		
	- Office of Personne		6 - Other (Spe		2 - Secret		5 - Q				
7	Month/Year Agenr	y Other Agency			Clearanc	e Month/Ye	ar Agency	Other Agency		Clea	rance
					Code			i		C	ode
	Cod				Code		Code			C	
-					Code					C	
-	Cod	e	ever had a cle	arance or a		-	Code	d or revoked, or	have you		ode
 Q	Cod	e vledge, have you	u ever had a cle vernment emplo	arance or a yment? If "\	ccess author	zation denie	Code d, suspende	d, or revoked, or Note: An admini	have you istrative downgrade	Yes	
ē	To your know ever been de or	vledge, have you	ernment emplo	yment? If "\	ccess author	zation denie	Code d, suspende	d, or revoked, or Not e: An admini	have you istrative downgrade		ode
	To your know ever been de or	vledge, have you barred from gov	u ever had a cle vernment emplo trance is not a ru ent or Agency Tak	yment? If "\ evocation	ccess author	zation denie	Code d, suspende	Note: An admini	have you strative downgrade r Agency Taking Action		ode
	To your know ever been de or termination o	vledge, have you barred from gov	ernment employ	yment? If "\ evocation	ccess author	zation denie te of action a	Code d, suspende	Note: An admini	strative downgrade		ode
	To your know ever been de or termination o	vledge, have you barred from gov	ernment employ	yment? If "\ evocation	ccess author	zation denie te of action a	Code d, suspende	Note: An admini	strative downgrade		ode
	To your know ever been de or termination of Montry Year	vledge, have you barred from gov if a security clear Departm	vernment employ	yment? If "\ evocation. ing Action	ccess author	zation denie te of action a	Code d, suspende	Note: An admini	strative downgrade		ode
	To your know ever been de or lermination of MontityYear	viedge, have you barred from gover of a security clear Department of the countries of the c	vernment employ urance is not a re ent or Agency Tak	evocation ing Action	ccess author Yes," give da	zation denie te of action a Month/Year	d, suspende	Note: An admini	r Agency Taking Action	Yes	No
	To your know ever been de or termination of Month/Year FOREIGN C List foreign cour years.	pledge, have you barred from government of a security clear Department of the countries of	vernment employ reance is not a released or Agency Tak YOU HAVE visited, except of	writer of the vocation of the	ccess author Yes," give da	zation denie te of action a Month/Year	d, suspende	Note: An admini	strative downgrade	Yes	No
	To your know ever been de or termination of Monthyear FOREIGN C List foreign cour years. Travelas a fifth	pledge, have you barred from government of a security clear Department of the control of the con	yernment employ trance is not a re- ent or Agency Tak YOU HAVE visited, except of actal must be li-	vment? If "Vervocation or Action VISITED on travel und	der official Go	zation denie te of action a Month/Year	d, suspende and agency.	Department of De	r Agency Taking Action current (#1) and work	Yes	No
	To your know ever been de or termination of termination of the county years. FOREIGN (List foreign cour years. Viscolar a full of the county ears.	pledge, have you barred from government of a security clear Department of the control of the con	yernment employ trance is not a re- ent or Agency Tak YOU HAVE visited, except of actal must be li-	vment? If "Vervocation or Action VISITED on travel und	der official Go	zation denie te of action a Month/Year	d, suspende and agency.	Department of De	r Agency Taking Action current (#1) and work	Yes	No
	To your know ever been de or termination of termination of the control of the con	viedge, have you barred from government of a security clear Department of the common o	YOU HAVE visited, except of Mexico. If you	VISITED on travel und	der official Go	zation denie te of action a Month/Year evernment or Business :	d, suspende and agency.	Department of De	r Agency Taking Action current (#1) and work	Yes	No
	To your know ever been de or termination of termina	viedge, have you barred from government of a security clear of a s	YOU HAVE VISITED TO SERVICE THE STATE OF TH	VISITED on travel und sted by your but have live	der official Go	zation denie te of action a Month/Year vernment or Business er and have	d, suspende and agency. ders, beginn 2 - Pleasure made short a note ("Mar	Department of De	r Agency Taking Action current (#1) and work 4 - Other trips to the neighborin	Yes	No
19	To your know ever been de or termination of termina	viedge, have you barred from government of a security clear Department of the common o	YOU HAVE VISITED TO SERVICE THE STATE OF TH	VISITED on travel und	der official Go	zation denie te of action a Month/Year vernment or Business : er and have country, and	d, suspende and agency. ders, beginn 2 - Pleasure made short a note ("Mar	Department of De	r Agency Taking Action current (#1) and work	Yes	No
	To your know ever been de or termination of termina	viedge, have you barred from government of a security clear of a s	YOU HAVE VISITED TO SERVICE THE STATE OF TH	VISITED on travel und sted by your but have live	der official Go	zation denie te of action a Month/Year vernment or Business er and have	d, suspende and agency. ders, beginn 2 - Pleasure made short a note ("Mar	Department of De	r Agency Taking Action current (#1) and work 4 - Other trips to the neighborin	Yes	No
1 19	To your know ever been de or termination of Montry ear Montry ears. FOREIGN C List foreign cour years. Fise one a first on or the montry ear to mot the montry ear to mo	viedge, have you barred from government of a security clear of a s	YOU HAVE VISITED TO SERVICE THE STATE OF TH	VISITED on travel und sted by your but have live	der official Go	zation denie te of action a Month/Year vernment or Business : er and have country, and	d, suspende and agency. ders, beginn 2 - Pleasure made short a note ("Mar	Department of De	r Agency Taking Action current (#1) and work 4 - Other trips to the neighborin	Yes	No
19	To your know ever been de or termination of termina	viedge, have you barred from government of a security clear of a s	YOU HAVE VISITED TO SERVICE THE STATE OF TH	VISITED on travel und sted by your but have live	der official Go	zation denie te of action a Month/Year vernment or Business a er and have country, and Month/Ye	d, suspende and agency. ders, beginn 2 - Pleasure made short a note ("Mar	Department of De	r Agency Taking Action current (#1) and work 4 - Other trips to the neighborin	Yes	No
1 19	To your know ever been de or termination of Montry ear Montry ears. FOREIGN C List foreign cour years. Fise one a first do not the montry ear to montry ear Montry ear To	viedge, have you barred from government of a security clear of a s	YOU HAVE VISITED TO SERVICE THE STATE OF TH	VISITED on travel und sted by your but have live	der official Go	zation denie te of action a Month/Year vernment or Business a er and have country, and Month/Ye	d, suspende and agency. ders, beginn 2 - Pleasure made short a note ("Mar	Department of De	r Agency Taking Action current (#1) and work 4 - Other trips to the neighborin	Yes	No
#1 #2	FOREIGN C List foreign couryears. Tisse as a first do not been or the minimum of	viedge, have you barred from government of a security clear of a s	YOU HAVE VISITED TO SERVICE THE STATE OF TH	VISITED on travel und sted by your but have live	der official Go	zation denie te of action a Month/Year vernment or 3usiness : er and have country, and Month/Ye #5	d, suspende d, suspende and agency. ders, beginn 2 - Pleasure made short a note ("Mar To To	Department of De	r Agency Taking Action current (#1) and work 4 - Other trips to the neighborin	Yes	No
#1 #2 #3	FOREIGN C List foreign couryears. Tisse as a first do not been or the minimum of	code	YOU HAVE Visited, except of Mexico. If you have in the light of the li	visited vis	der official Go	zation denie te of action a Month/Year vernment or 3usiness : er and have xountry, and Month/Ye #6 #7	d, suspende and agency. ders, beginn 2 - Pleasure made short a note ("Mar	Department of De	r Agency Taking Action current (#1) and work 4 - Other trips to the neighborin	Yes	No

20 Y	OUR PO	DLICE RECO	ORD (Do	not include	anything that happened	d before your 16th birthday.)		Yes	No
	st 7 years.	, have you beer	n arrested fo	or, charged	with, or convicted of an	y offense(s)? (Leave out traffic fines of less than		-	
150.)	newered "	res," explain ye	nur anewer/	s) in the sn	nace provided				
							1 00000	710.7	:
onth/Yea	rj (Offense	Action	n Taken	Law Enforcement Autho	rity or Court (City and county/country if outside the U.S.)	State	ZIP (Code
			1						
	I FGAL	DRUGS			· ·				
	The followi	na auestions p	ertain to the	illegal use	of drugs or drug activity	y. You are required to answer the questions fully ar	nd truthfully,	Yes	No
	and your to responses	allure to do so c nor information	ould be gro derived fro	unos tor ar m your res	ponses will be used as	lecision or action against you, but neither your truth evidence against you in any subsequent criminal pr	oceeding.	-	
a	In the last	year, have you	illegally use	d any cont	rolled substance, for ex	ample, marijuana, cocaine, crack cocaine, hashish, barbiturates, methaqualone, tranquilizers, etc.), hali	narcotics		İ
		orpnine, codein P, etc.), or preso			ramnes, depressants (t	parpitulates, methaqualone, tranquilizers, etc.), han	ucinogenics		-
6	In the last	7 years, have y	ou been inv	olved in th	e illegal purchase, mani	ufacture, trafficking, production, transfer, shipping			:
	•	-			_	or cannabis, for your own intended profit or that of a		talla.	
	if you ansv relating to	vered "Yes" to ' your involveme	'a" above, p nt with illeg	provide into al drugs. Il	rmation relating to the ty nclude any treatment or	ypes of substance(s), the nature of the activity, and counseling received.	any otner of	etans	
	Year Month/		Substance/F			Number of Times Used			
0									
	То								
	To								
S Y	OUR FI	NANCIAL R	ECORD					Yes	No
a				mpany ove	er which you exercised s	some control, filed for bankruptcy, been			T
•	declared	heen subject to	a tax lien.	or had lega	al judgment rendered ag	gainst you for a debt? If you answered			
	"Yes,"								
	Month/Year	Type of Action	on Nam	e Action Occ	curred Under	Name/Address of Court or Agency Handling Cas	e State	ZIP	Code
						:		ļ	
		!				:		İ	
_								Yes	No
0	Are you n	low over 180 da ed by the Feder	ays delinque al Governm	ent on any l nent.	loan or financial obligation	on? Include loans or obligations funded or		103	
	•	·							
	If you ans	swered "Yes," [provide the	information	requested below:				
N	Month/Year			Name/Addr	ess of Creditor or Obligee		State	ZIP	Ċode
		and Acco	unt#						
_									
						<u> </u>			
			_				:		
		<u> </u>							
er com	nleting this	form and any	attachment	e vou sho	uld review your answer	s to all questions to make sure the form is complet	e and accur	ate. an	d the
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Standard Form 85P Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0191 NSN 7540-01-317-7372 85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in Ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code)
Page 8		

Standard Form 85P Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0191 NSN 7540-01-317-7372 85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask you mental health consultations. Your signature wi			
I am seeking assignment to or retention in		rust with the l	Federal Government as a(n)
(Investigator instructed to write in position title	e.)		
As part of the investigative process, I here representative of the authorized Federal agency information relating to my mental health consu	y conducting my backg		
Does the person under investigation har reliability?	ave a condition or treat	ment that cou	ld impair his/her judgment or
If so, please describe the nature of t treatment.	he condition and the	extend and du	aration of the impairment or
What is the prognosis?			
I understand the information released pursua purposes provided in the Standard Form 85P a by law.			
Copies of this authorization that show my s authorization is valid for 1 year from the da Government, whichever is sooner.			
Signature (Sign in ink)	Full Name (Type or Print Legi	bivi	Date Signed
			}
Other Names Used			Social Security Number
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)

Appendix 4 (paragraph 6-5)

86, Questionnaire for National Security Positions

Rev	rised September 5. Office of Person		onem.	ent				NAL S				ONS	;			O.M.B. No NSN 7540	. 3206-00	
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o	ALIEN If you ar								-									
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	Entered the United States:									Month	Day	Year						
					_												Pa	ge 1

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year Month/Year	Street Address		,	Apt.#	City (Country)			State	ZIP Code
#1 To Present								Ī	
Name of Person Who Knows You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephor	ne Number
				_				()
Month/Year Month/Year	Street Address			Apt.#	City (Country)			State	ZiP Code
#2									
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telepho	ne Number
				_				()
Month/Year Month/Year	Street Address			Apt.#	City (Country)		<u> </u>	State	ZIP Code
#3 To									
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telepho	ne Number
								()
Month/Year Month/Year	Street Address	·		Apt.#	City (Country)			State	ZIP Code
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Month/Year Month/Year	Street Address			Apt. #	City (Country)			State	ZIP Code
#5 <u>To</u>				_		_		'	
Name of Person Who Knew You		Street Address	Apt.#	City (Country)	State	ZIP Code	Telephor	ne Number
		1						()
		·					L		

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 - 1 High School
- 2 College/University/Military College
- 3 Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year Month/Year Code	Name of School		Degr	ee/Diploma/C	ther	Month/Year Awarded
To treet Address and City (Country) of Scho	K				State	ZIP Code
ame of Person Who Knew You	Street Address	Apt#	City (Country)	State	ZIP Code	Telephone Number
Month/Year Month/Year Code To	Name of School		Degr	ea/Diploma/C	ther	Montry Year Awarded
reet Address and City (Country) of Scho	oi				State	ZIP Code
ume of Person Who Knew You	Street Address	Apt.#	City (Country)	State	ZiP Code	Telephone Number
Month/Year Month/Year Code To	Name of School	=	Degr	ee/Diploma/O	ther	Month/Year Awarded
reet Address and City (Country) of Scho		<u>.</u>			State	ZIP Code
ame of Person Who Knew You	Street Address	Apt.#	City (Country)	State	ZIP Code	Telephone Number

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- Code. Use one of the codes listed below to identify the type of employment:
- 1 Active military duty stations
- 5 State Government (Non-Federal employ-
- 7 Unemployment (Include name

- 2 National Guard/Reserve 3 - U.S.P.H.S. Commissioned Corps 4 - Other Federal employment
- ment)
 6 Self-employment (Include business name and/or name of person who can verify)
- of person who can verify)
 8 Federal Contractor (List Contractor, not Federal agency)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- · Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Deriver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines

	Delow that	Intormation									
Mont	th/Year	Month/Year	Cod	le Em	ployer/Verifie	r Name/Military C	Outy Location		Your Pos	sition Title/Milita	ry Rank
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Employe	r's/Verifier	s Street Add	dress				City (Country)	<u> </u>	State	ZIP Code	Telephons Number
Street Ad	idress of J	ob Location	(if diff	ferent 1	than Employe	er's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervis	or's Name	& Street Ac	dress	(if diff	erent than Jo	bb Location)	City (Country)	<u> </u>	State	ZIP Code	Telephone Number
HODS ICK #19	Month/Ye	ar Month/Ye	ėr –	Positio	on Title			Supervisor	<u></u>		
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Ye	ar Month/Ye	ar	Positio	on Title			Supervisor			
PREVIC OF ACTI	Month/Ye	ar Month/Yea	ar	Positio	on Title			Supervisor			
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#2	To				,p.10 ; 01, 1 01 11.4						
Employe		s Street Add	dress				City (Country)		State	ZIP Code	Telephone Number
Street Ad	Idress of J	ob Location	(if diff	ferent 1	than Employe	er's Address)	City (Country)		State	ZIP Code	Telephone Number ()
Supervis	or's Name	& Street Ac	idress	s (if diff	erent than Jo	b Location)	City (Country)	-	State	ZIP Code	Telephone Number
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PREVIOUS PERIODS OF ACTIVITY (BIOCK #2)	Month/Yea	To ar Month/Yea	ar	Positio	on Title		· · · · · · · · · · · · · · · · · · ·	Supervisor			
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Supervisor	's Name & S	Street Address	s (if diff	erent th	an Job Location	n)	City (Country)		State	ZIP Code	Telephone Number ()
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pervisor's Na	ame & Street A	ddress (i	if different than Job Location)	City (Country)		State	ZIP Code	() Telephone /	Number
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PREVI OF ACT	VYear MontfvYe	ar Po	osition Title		Supervis	or .			
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	fier's Street Ad	dress		City (Country)		State	ZIP Code	()	Vumber
eet Address	of Job Location	(if differ	rent than Employer's Address)	City (Country)	,	State	ZIP Code	Telephone f	Number
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		1 - Never married 2 - Married				3 - Separated				_	Divorced		
a	Current	Spouse Complete the fo	llowing a	about your current s	pou	4 - Legally Se se only.	parateo			6-	Widowed		
	Full Name			Date of Birth		Place of Birth (include countr	y if outs	ide the U.S.)	Social	Security Numi	per	
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	Date Married	<u> </u>		Place Married (Inclu	de co	ountry if outside t	ne U.S.)						State
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	Address of 0	Current Spouse, if different t	han your	current address (Str	eet,	city, and country	if outside the l	J.S.)			State	ZIP	Code
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	2 - Father (s	econd) 6 - Child (add	pted als				her-in-law	18	- Associate*				
	3 - Stepmothe			11 - Stepsist 12 - Haff-bro			ther-in-law ardian	19	- Adult Curre	ntlý Living \	Nith You		
•	4 - Stepfather		ak e da saia										
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On the	second line, provideship status. Provide	te the indi	vidual's naturalization or al information on that lin	ertifical	te or ali	en registra: d.	tion number	and use one	of the document	codes below to identify	proof	of
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	and work backwar Code. Use on 1 - Air Force O/E. Mark "O" Status. "X" th an "X": use the	d. If you! e of the c 2 - # block for e appropri two-letter	had a break in service, e odes listed below to ide Army 3 - Navy Officer or "E" block for	each sentify you 4 - Ma Enliste of your ark the	eparate ur bran rine Co id. r service block.	period sho ch of servi orps e during th	uld be listed be: 5 - Coast C e time that y	i. Guard (rouserved. I	6 - Merchant Mar f your service was	e most recent period of Ine 7 - National in the National Guard,	Guard	d
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17	YOUR FOREIG	N ACTI	VITIES				<u></u>			. 	Yes	No
_ a	Do you have any	foreign pr	operty, business conne	ctions,	or final	ncial intere	sts?				-	
Õ	Are you now or he	ave you e	ver been employed by o	acted	as a co	onsultant fo	or a foreign	government,	firm, or agency?			
Ö		s, whethe	tact with a foreign gove r inside or outside the U ossing contacts.)							nclude routine visa		
	applications and I											
0			u had an active passpor	t that v	vas issu	ed by a fo	reign goverr	ament?				
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If you expla	In the last 7 years	s, have yo to a, b, c, (ivernent.					nclusive date		firms and/or gove	rnments involved, and a	n	
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Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: O.M.B. No. 3296-0007 NSN 7540-00-634-4036 86-111

	rt 2	OFFICIAL USE ONLY					
H. di			other than an honorable of	scharge from the military? If "Yes," provide the date of discharge and type	of	Y05	No
						13600	1
20			SERVICE RECORD	59? If "No," go to 21. If "Yes," go to b.		Yes	N.
	Have	you registere		ce System? If "Yes," provide your registration number. If "No," show the		1	-
Registrati	ion Numb	ar .	Legal Exemption Expl	nation			<u></u>
in t	the last 7			I health professional (psychiatrist, psychologist, counselor, etc.) or have you aith related condition?	consulted	Yes	No
				ent and the name and address of the therapist or doctor below, unless the cot related to violence by you.	onsultation(s)		
Montn/Yea/	r Month	Year Name/	Address of Therapist or Do	TOT	State	ZIP	Code
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and	your failure	to do so co	uld be grou		loyment decisio	n or action aga	ainst you,	r the questions fully and truth but neither your truthful responding.			
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nth/Year	r Month/Y	'ear Contro	olled Substan	nce/Prescription Drug Use	d		Nu	mber of Times Used			
	To					· · · · · ·					
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(suc	ch as for al	cohol abuse	or alcoholis	sm)? 							L_
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28 YO												Yes	No
0	In 1	the last 7 yea	rs, have you	been over 1	80 days delinque	ent on any de	bt(s)?						├—
Ø	Are	you current	y over 90 da	ys delinque: ——	nt on any debt(s)?	? 							
	lf				e the information								
curred nth/Year		Satisfied Month/Year	Amount		oan or Obligation count Number	Name/Add	dress of Creditor o	r Obligee		í	State	ZIP	Code
		-											
		IC RECOR t 7 years, hav		-		ivil court actio	ons not listed els	ewhere on this fo	m?			Yes	No
	_	wered "Yes,"	provide the	information	about the public	record civil c	ourt action reque	ested below.					
Month/Yea	"	Nature of Actio	n Result	of Action	Name of Parties	Deviovni	Court (Include Co	ty and county/country	if outside U.Ş.)		State	ZIP	Code
0 Y	OUF	R ASSOCIA	TION REC	CORD		-						Yes	No
_ \$	State		nt and which	engages in				ficated to the viole rganization engag					
6	lave	you ever kno	wingly engag	ged in any a	cts or activities de	esigned to ov	verthrow the Unit	ed States Govern	ment by force?				
- I	f venu	nametered "\	as" to a or b	evalois is	the coaco balow			<u> </u>	<u> </u>				
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Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)	Full Name (Type or Print Legib	(y)	Date Signed
Other Names Used			Social Security Number
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)
2			()

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736 Form approved: O.M.B. No. 3206-0007 NSN 7540-00-634-4036

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code)
		()

Effective Date: January 6, 1999 Page 61

Appendix 5 (paragraph 7-3)

SBA Form 912, Statement of Personal History

Return Executed Copies 1, 2, and 3 to SBA

OMB APPROVAL NO.3245-0178

		Diagon Donal Co.		
United States of A SMALL BUSINESS ADMI STATEMENT OF PERSOI Name and Address of Applicant (Firm Name) (Street, City, State, and 1. Personal Statement of: (State name in full, if no middle name, sonly, indicate initial.) List all former names used, and dates each separate sheet if necessary. First Middle	NISTRATION NAL HISTORY d ZIP Code) tate (NMN), or if initial	Each member of the small business con assistance must submit this form in TRID form must be filled out and submitted by: 1. If a sole proprietorship by the proprietor 2. If a partnership by each partner. 3. If a corporation or a development compact holder of 20% or more of the votir 4. Any other person including a hired man the borrower in the management of the SBA District/Disaster Area Office	any, by each officer, director, and additionally by ig stock. ager, who has authority to speak for and commit business. File No. (if known) or surety co. (when applicable and known)	
		_		
	ecurity No.	U.S. Citlzen? YES NO		
to be owned in the small business concern or the Development Company		If no, give alien registration number:		
5. Present residence address:		Most recent prior address (omit if over 10 y	ears ago):	
From:		From:		
To:		To:		
Address:		Address:		
IT IS AGAINST SBA'S POLICY TO PROVIDE ASSISTANCE TO PERSONS NOT OF GOOD CHARACTER; THEREFORE, CONSIDERATION IS GIVEN TO A PERSON'S BEHAVIOR, INTEGRITY, CANDOR, AND DISPOSITION TOWARD CRIMINAL ACTIONS. IT IS ALSO AGAINST SBA'S POLICY TO PROVIDE ASSISTANCE NOT IN THE BEST INTEREST OF THE UNITED STATES; FOR EXAMPLE, IF THERE IS REASON TO BELIEVE THE EFFECT OF SUCH ASSISTANCE WILL BE TO ENCOURAGE OR SUPPORT, DIRECTLY OR INDIRECTLY, ACTIVITIES HARMFUL TO THE SECURITY OF THE UNITED STATES. THEREFORE, IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED TRUTHFULLY AND COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED. IF YOU ANSWER "YES" TO 6, 7, OR 8, FURNISH DETAILS IN A SEPARATE EXHIBIT. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND AND ANY OTHER PERTINENT INFORMATION.				
6. Are you presently under indictment, on parole or probation?				
Yes No (If yes, indicate date parole				
7. Have you ever been charged with and or arrested for any crimina not prosecuted (All arrests and charges must be disclosed and e	Il offense other than a m xplained on an attached	inor motor vehicle violation? Include offense sheet.)	es which have been dismissed, discharged, or	
Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? Yes No				
9. I authorize the Small Business Administration Office of inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.				
CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federalty insured institution, under 18 USC 1014 by imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000.				
Signature	Title		Date	
Agency Use Only	<u> </u>			
10. Fingerprints Waived		11. Cleared for Processing		
	oving Authority	Oldarda for Frodessing	Date Approving Authority	
	g	Peguari a Character Evaluation	- delicaring - moraring	
Fingerprints Required Date Sent to OIG Date Appro	oving Authority	Request a Character Evaluation	Date Approving Authority	
Date contro ord				
Please Note: The estimated burden for completing this form is 15 minutes per response. You will not be required to respond to this information if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information control on the control of the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project. SBA 912 (5-97) SOP 5010.4 Previous Edition Obsolete This form was electronically produced by Elite Federal Forms, Inc.				

Appendix 6 (paragraph 7-3)

SBA Form 415A, Statement of Personal History and Qualification of Management

U.S. SMALL BUSINESS ADMINISTRATION STATEMENT OF PERSONAL HISTORY AND QUALIFICATION OF MANAGEMENT

MINI	1993 K					
Name of Applicant or Licensee				Social Security Number		
Addr	ess (Street, City, State and Zip Co	ode)				
1.	First Name in Full		dle Name in Full one, so state)		Last Name	
2.	Date of Birth (Month, Day & Yea	7) (3. Place of Birth (City, State or Foreign Cour	ntry)	4. Citizen of U	nited States?
5.	Starting with present address, lie	t residence addresses <u>To (Date)</u>	for last ten years: Address			
6.	Employment and Professional H and including the present, statin- entities with which associated; ti highest level attained (such as h etcgiving, when applicable, nar special experience or qualificatic	g the periods of each p tle, position in such cor igh school graduate, so ne of higher educations	rimary activity, the names, ncerns; basic functions and ome college, one year colle al institution, your specializa	addresses and nati responsibilities; an ge, three years coll ation, and date of d	ure of business of the id a summary of you lege, bachelor's degr	e firm, concerns or education showing se, master's degree,
7.	Present Affiliations: Attach a list capacity, or by way of direct or in Show names, addresses, and nistock or proprietary interest own	of all business concer adirect ownership or co ature of business of su	ns with which you are presented of 10% or more of any	ently affiliated as ar	or proprietary interes	t in, such concerns.
8.	List Three Character References Full Name	(other than former e Home or Business			siness or Occupation	
9.	Have you ever been, directly or corporation of which you have b (If yes, furnish complete details date and docket number, as we	een an officer, director of such proceedings in	, or controlling shareholder, a separate exhibit, includin	been the subject of	f such proceedings?	Yes
10.	Have you ever been charged wi violations?	th or convicted of any o	criminal offense other than a	a misdemeanor inv	alving minor motor ve	ehicle
11.	Have you, or has any corporation (as defined in Item 7) ever been found civilly liable or permanent	n, partnership or other charged with or convic by or temporarily enjoin hish relevant details of	business entity with which cted of a felony or other crined by a court by reason of any such proceeding in a se	you are presently on ninal offense involve any act or practice	ing dishonesty or bre involving fraud or bre	each of trust or each of trust?
12.	Have you ever been refused a t	ond? Yes	No (If yes, explain.)			
13.	Are you affiliated with any other Section 107,3 of the Regulation		close relative of any person No (If yes, explain.)	affiliated with the	Applicant or License	e as described in
14.	During any part of the past five partnership or other business et	years has a request for ntity with which you are nish details in a separa	r financial assistance been in presently or have been hented the exhibit, including current	retofore affiliated (a status of any assis	is defined in Item 7)? stance received.)	
15.	Describe any affiliation, past or			nt Company. (See S	section 107.702 of th	e Regulations.)
SB	A Form 415A (10-90) Use	3-82 Edition until e	exhausted			F

Effective Date: January 6, 1999 Page 65

10 1 000		T. (I. Omenii D)				
adoption? Does any	SBA employee or member of any such Aon with any concern of which you are a direction.	dvisory Council have present or h ector, officer, or owner of 10% or	tration related to you by blood, marriage or have they had any past, direct or indirect, financiar more of any class of its stock or other proprietar and relationships on a separate attachment.)			
Private Capital?	If you own or will own 10% or more of the Private Capital of the Licensee, were borrowed funds, used or will they be used in purchasing said					
investment company						
ssistance not in the best		s reason to believe that the effect	character. It is against SBA policy to provide t of such assistance will be to encourage or			
enforcement offices, and a	-	aking an adequate appraisa) of y	individuals, business associates, law rour general business reputation, character, on 606 of the Federal Fair Credit Reporting Act.			
individual to release the in Any person concerned wit under the Freedom of Info	formation to the requesters or unless the in In the collection of information, its voluntari	nformation is subject to disclosur iness, disclosure or routine use u edom of Information/Privacy Acts	nless SBA has the written permission of the re under the Freedom of Information Act. Note: under the Privacy Act or requesting information in Division, Small Business Administration, 1441 Lubjects.			
collection if a valid OMB a nformation collection, plea	pproval number is not displayed. If you ha	ive questions or comments conce stration, Chief, Administrative Inf	not be required to respond to this information erning this estimate or other aspects of this formation Branch, Washington, D.C. 20416 and/o			
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			FOR SBA USE ONLY			
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		DDA 5 445A 45 H 5	Library Company			
	ertify that all information submitted in this to elete to the best of my knowledge and beli	ef. I havø read SBA Form 415 "Li	icense Application," filed			
py		o, and hereby agree that in my pro und by the representations made	roposed capacity as a in said Application and Amendments.			
		•	.,			
81		Tilo	Date			
Signat	uie	Title	Date			
·						

Effective Date: January 6, 1999

SBA Form 415A (10-90)

Appendix 7 (paragraph 7-3) SBA Form 1081, Statement of Personal History

U.S. Small Business Administration

OMB APPROVAL NO.: 3245-0080 EXPIRATION DATE: 6/30/96

STATEMENT OF PERSONAL HISTORY (FOR USE BY NON-BANK LENDERS and CERTIFIED DEVELOPMENT COMPANIES)

Name of Non-Bank Lender or Certified Development Company					
Add	iress ((Street,	City, State and Zip C	ode) of Non-Bank Lender or Certified Developmen	nt Co.
1.	Appl	icants N First	lame in Full:	Middle Name (if none, so state)	Last
2.	Date	of Birtl	ገ (month, day & year)	3. Place of Birth (City and State or Foreign Country)	4. Citizen of the United States?
		ing with (Date)	•	st residence addresses for the last ten years: <u>Address</u>	
6.	Employment and Professional History and Education: Attach a summary of (a) business or professional experience during the last ten years up to and including the present, stating the periods of each primary activity; the names, addresses and nature of business of the concerns or entities with which associated; title/and position in such concerns; and basic functions and responsibilities; (b) a summary of your education showing highest level attained (such as high school graduate, bachelor's degree, master's degree, etc giving, when applicable, name of higher educational institution, your specialization, and date of degree); and (c) a summary of any special experience or qualifications pertinent to responsibilities in connection with the operation of the Non-Bank Lender or Certified Development Company.				
7.	7. Present Affiliations: Attach a list of all business concerns with which you are presently affiliated as an officer, director, or in any other official capacity, or by way of direct or indirect ownership or control of 10% or more of any class of stock of, or proprietary interest in, such concerns. Show names, addresses, and nature of business of such concerns, and details of relationship and ownership, including the percentage of any stock or proprietary interest owned.				
Yes	No	pro be ex	oc ee dings, or has an en the subject of suc	irectly or indirectly, the subject of an insolvency, be y corporation of which you have been an officer, d th proceedings? (If yes, furnish complete details of ertinent, the court, title of proceedings, date and d	lirector, or controlling shareholder such proceedings in a separate
		9. Ha	ive you ever been ch inor motor vehicle v	parged with, or convicted of, any criminal offense of iolations? (If yes, furnish details as described in Itel	other than a misdemeanor involving m 8.)

SBA Form 1081 (7-91) Previous Edition is Obsolete

Yes	No	10.	Have you, or has any corporation, partnership or other business enti	ty with which you are presently or have		
			heretofore been affiliated (as defined in item 7, Page 1), ever been of other criminal offense involving dishonesty or breach of trust, or four temporarily enjoined by a court by reason of any act or practice involvinish relevant details of any such proceedings in a separate exhibition complaint and the court, title of proceedings, date and docket nu	charged with or convicted of a felony or and civilly liable or permanently or alving fraud or breach of trust? (If yes, t, including the information, indictment		
		11.	Have you ever been refused bond? (If yes, explain.)			
· ·		12.	Are you associated with any other Non-Bank Lender or Certified Dev	business entity with which you are presently or have been		
		-	During any part of the past five years has a request for financial assis by you or any corporation, partnership or other business entity with heretofore affiliated (as defined in Item 7, Page 1)? (If yes, furnish d current status of any assistance received.)			
		14.	To your knowledge, is any SBA employee or any member of an Advis Administration related to you by blood, marriage, or adoption and/or any past or present, direct or indirect, financial interest in or affiliating director, officer or owner of 10% or more of any class of its stock or otheir names, addresses, and relations.)	or associated with you through having		
		15.	If you own or will own 10% or more of any class of the stock of the N Development Company, were borrowed funds used in purchasing sa including your net worth, amount borrowed or to be borrowed, securepayment.)	nid stock? (If ves, give full details		
	16. Has any concern with which you are affiliated directly or indirectly borrowed funds from any Non-Bani Lender or Certified Development Company? (If yes, give all pertinent details including the names of all parties to the transaction, the amounts involved, terms, use of proceeds, etc.)					
	is be	aga eliev	nformation on this form will be used in connection with an investigation in the best interests of the University to provide assistance not in the best interests of the University of the University of the United States.	nited States, i.e., if there is reason to		
	bi ap	usin Opra	ature and scope of the investigation may include contact with banks, ess associates, law enforcement offices, and any other areas which wi isal of your business reputation, character, management experience at tutes the notification required by Section 606 of the Federal Fair Crec	ill assist SBA in making an adequate and financial soundness. This		
Cert	ifica	te:	I hereby certify that the foregoing is true and complete to the best of	my knowledge and belief.		
	Si	gna	ture Title	Date		
				FOR SBA USE ONLY		
SBA	Form	1081	(7-91)	No.		

Appendix 8 (paragraph 7-3) FD 258, FBI Fingerprint Card

